PLACED IN SERVICE REPORT FOR VEHICLE TANK METERS, BULK PLANT METERS, RACK METERS, MASS FLOW METERS, AND LPG METERS

RETURN THIS FORM TO
MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION, & FORESTRY
DIVISION OF QUALITY ASSURANCE AND REGULATIONS
STATE HOUSE STATION #28
AUGUSTA, MAINE 04333

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 10, SECTION 2653, R.S. 1964, THE FOLLOWING REPORT IS SUBMITTED.

CHECK ONE: 
_______________ THE EQUIPMENT LISTED BELOW HAS BEEN NEWLY INSTALLED.
_______________ THE EQUIPMENT LISTED BELOW HAS BEEN REPAIRED OR ADJUSTED.

DATE:__________________________________

IF EQUIPMENT IS NEWLY INSTALLED:
SUPPLY A CURRENT N.T.E.P. CERTIFICATE OF CONFORMANCE OR NUMBER: ___________________

NAME OF BUSINESS:_______________________________________________________________________
ADDRESS:_________________________________________________________________________________
TOWN OR CITY:_________________________________________________ZIP________________________
DEVICE OWNER:___________________________________________________________________________

VTM, LPG, BULK PLANT, RACK METERS:
MAKE_______________________MODEL#_________________________SERIAL#_____________________
TRUCK #_____________ METER FACTOR: OLD_____________________ NEW_______________________

*STATE EXACTLY WHAT WAS DONE_________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

WAS THIS DEVICE CALIBRATED?___________BY WHOM?_______________________________________
WAS THE AIR ELIMINATOR TESTED? ___YES ___NO
WHAT WERE THE RESULTS? _________________________________________________________________
___________________________________________________________________________________________

COMMENTS:

REPAIRMAN OR DEALER INFORMATION:

SERVICE CO._____________________________TELEPHONE NUMBER:__________________________
LICENSE NUMBER:_________________________EXPIRATION DATE:_______________________________

I, _____________________________, CERTIFY THAT THE ABOVE DESCRIBED DEVICE HAS BEEN PLACED INTO SERVICE AND MEETS ALL APPLICABLE STATE REQUIREMENTS. ALL REQUIRED LABELING INFORMATION HAS BEEN AFFIXED AND IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND CORRECT. SECURITY SEALS HAVE BEEN ATTACHED TO ANY ADJUSTMENT MECHANISMS AS REQUIRED.

SIGNATURE:

*USE BACK FOR ADDITIONAL SPACE IF NECESSARY.
*Return this form to the above address.

PHONE: (207) 287-3841
FAX: (207) 287-5576